



Federal Motor Carrier Safety Administration Clearinghouse

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Pupil Transportation Administrator

Discussion Topics

Employer
Requirements

Employee
Requirements

Employer Requirements



Employer Requirements

Register with the
Federal Motor Carrier Safety
Administration
drug and alcohol clearinghouse

Employer Requirements

The screenshot shows the website interface for the Drug & Alcohol Clearinghouse. At the top, the browser address bar shows the URL clearinghouse.fmcsa.dot.gov. The header includes the United States Department of Transportation logo, the FMCSA logo (Federal Motor Carrier Safety Administration), and a user account menu with a "Log Out Jason" button. Below this is a dark blue navigation bar with icons for "My Dashboard", "Learn", "About", and "Contact". A red oval highlights this navigation bar. Below the navigation bar is a white navigation bar with links for "Home", "Query Plan", "Buy", "History", "Manage", "C/TPAs", "Users", and "My Profile". The main content area features a large image of a semi-truck on a highway at sunset. Overlaid on this image is the text "REGISTER NOW" in large white letters, followed by "Registration is open for the Drug and Alcohol Clearinghouse." and a paragraph of text explaining the registration process. At the bottom of this section, there is a dark blue banner with the text "Get Ready for Implementation: Register Today" and a yellow "Register" button.

United States Department of Transportation

About DOT | Our Activities | Areas of Focus

Log Out Jason

FMCSA
Federal Motor Carrier Safety Administration

DRUG & ALCOHOL
CLEARINGHOUSE

My Dashboard Learn About Contact

Home Query Plan Buy History Manage C/TPAs Users My Profile

REGISTER NOW

Registration is open for the Drug and Alcohol Clearinghouse.

To access the Clearinghouse once it is operational, authorized users will be required to request access from FMCSA by registering for the Clearinghouse. Registering this fall is the first step in ensuring you will be ready when the Clearinghouse is operational on January 6, 2020. [Learn more about Clearinghouse registration.](#)

Get Ready for Implementation: Register Today

Register

<https://clearinghouse.fmcsa.dot.gov/Employer>

Employer Requirements

Purchase a Query Plan

 Query Balance: 0 remaining  [View Query Plan Summary](#)
[Purchase a Query Plan](#)



You are currently on the official FMCSA Clearinghouse website. Query plans must be purchased from the FMCSA Clearinghouse only.

You must purchase a query plan before you, or your designated C/TPA, can conduct limited or full queries in the Clearinghouse. C/TPAs may not purchase query plans on behalf of employers.

INDIVIDUAL QUERY PLAN

\$1.25

Flat per query rate (limited or full)

- ✓ Flat per query rate (\$1.25), for limited and full queries
- ✓ Bundles customized to meet your business needs
- ✓ Queries never expire
- ✓ Purchase additional query plans, as needed

Select Plan Size

Continue to Pay.gov

You will be directed to Pay.gov to process your payment.

[Pay.gov](#) VIEW PAYMENT OPTIONS +

Plan Size	Plan Cost
1	\$1.25
2	\$2.50
3	\$3.75
4	\$5.00
5	\$6.25
10	\$12.50
20	\$25.00
50	\$62.50
100	\$125.00
150	\$187.50
200	\$250.00
300	\$375.00
500	\$625.00
1,000	\$1,250.00
1,500	\$1,875.00
2,000	\$2,500.00
2,500	\$3,125.00
5,000	\$6,250.00
7,500	\$9,375.00

Employer Requirements

Methods of Payment

1. PayPal
2. Amazon Pay
3. Credit/Debit Card
4. EFT (Electronic Funds Transfer)
from your financial institution

Employer Requirements

FAQ/Topics/Queries_and_Consent_Requests

Search



Want to explore all the FAQs? [Browse topics](#)

Can I initiate queries for a large number of drivers without having to enter them into the system one at a time?

Yes, the Clearinghouse will support a feature allowing employers to submit a bulk query by uploading a file containing multiple drivers to be queried; these queries will be conducted in batches. The Clearinghouse will allow for the batch uploading of driver queries by preparing a tab-delimited file and uploading that file into the Clearinghouse for processing. [Download an example file](#)

The first row of the file should contain the field names as listed below with each additional row consisting of information for the driver that will be queried. The following fields should be provided in a tab-delimited file:

LastName – This field contains the driver’s last name. This would include hyphenated last names. Suffix to a last name should not be included in the submittal. Maximum length 40 characters.

FirstName – This field contains the driver’s first name. Maximum length 40 characters.

DOB – This field contains the Date of Birth. Format is MM/DD/YYYY.

CDL – This field contains the Commercial Driver’s License Number or Commercial Learner’s Permit Number. Maximum length 25 characters.

Country – This field contains the Country Code where the CDL was issued. For CDLs issued in Canada use CN; for CDLs issued in Mexico use MX and for CDLs issued in the United States use US.

State – For CDLs issued in the United States and Canada, this field contains the two-character abbreviation for the State or Province where the CDL was issued. For Mexican States, this field should contain MX. For a list of acceptable abbreviations for Canadian Provinces and U.S. States [read the instructions that come with the example file](#).

QueryType – This field contains the type of query that is being requested ([learn more about the different types of queries](#)). The values should be 1, 2, 3, or 4 with the values indicating the following:

- 1 – Limited Query
- 2 – Full Query
- 3 – Pre-employment Query
- 4 – Limited Query with Automatic Consent Request

“Automatic Consent Request” means that, if a limited query returns that the driver has violation information in his/her Clearinghouse record, the Clearinghouse will automatically submit a request from your employer to that driver for his/her consent to a full query. If you would prefer the Clearinghouse to automatically send a consent request in this case, select “4 – Limited Query with Automatic Consent Request.” If you would prefer the Clearinghouse not send these consent requests automatically, select “1 – Limited Query”.

Last Updated : October 18, 2019

Employer Requirements

**School Bus Driver
FMCSA Drug and Alcohol Background Check Form
Applicant History Sheet**

Hiring Employer _____ Date _____

Federal Motor Carrier Safety Administration regulations (49 CFR Part 40) require employers to inquire about the following information on an employee from the employee's previous employers during the two years immediately preceding the employee's date of application. This requirement applies only to employees seeking to begin performing safety-sensitive duties for the first time. The employer must obtain the employee's written consent to request this information. As an applicant/employee, you may refuse to provide this written consent, however the employer is not permitted to use the employee to perform safety-sensitive functions.

The information which must be requested is as follows:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

The information obtained must be held confidential, and must be retained for three years from the date of the employee's first performance of safety-sensitive functions.

The employer must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol test rules during the past two years.

(The entire text of this section of 49 CFR Part 40.25 is reprinted as an attachment/on the reverse side of this form)

TO BE COMPLETED BY THE APPLICANT:

The person below has applied for employment in a DOT safety-sensitive position, and grants permission for the above named employer to request the information required under 49 CFR Part 40.

Applicant name: _____ Social Security # _____

I hereby attest that the information I have provided herein is accurate and complete, and furthermore consent to the release of all drug and alcohol testing information that is being requested from the past two years of this application date.

Applicant Signature _____ Date _____

Listed below are all employers for whom I have worked in the last two years in a safety sensitive position:		
Employer	Supervisor Name	Area Code and Phone Number

Have you applied, but not been hired by any employers in the past two years who required a DOT drug and alcohol test? Yes No

If the answer above is YES, complete the following:
On any of these tests, did you test positive or refuse to test? Yes No

Required to be completed in addition to clearinghouse for a period of 3 years for new drivers (January 2023)

Employer Requirements

- Queries must be conducted annually on all employees
 - Based on calendar year
 - Full query for any newly hired driver
 - Limited query for existing employees
 - May get response that full query needs completed

Employer Requirements

Employers must report the following test refusals:

- Failure to appear at a urine collection site when directed to report
- Failure to remain at the urine collection site
- Failure to provide a urine specimen
- Failure to permit a monitored or observed urine collection
- Failure or refusal to take an additional drug test the employer or collection as directed
- Failure to cooperate with any part of the urine collection process
- For an observed collection, failure to follow the instructions to raise and lower clothing and turn around
- Possesses or wears a prosthetic or other device that could be used to interfere with the collection process
- Admits to the collector to having adulterated or substituted the specimen

MRO Requirements

MROs must report the following test refusals:

- Failure to provide a sufficient amount of urine
- Failure to undergo a medical examination or evaluation the MRO or employer has directed
- Adulterated or substituted urine specimen

1
3

Query Plans

Query Plan Summary

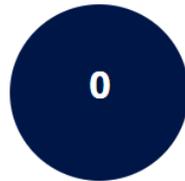


Query Balance: 9,773 remaining

[View Query Plan Summary](#)
[Purchase a Query Plan](#)

[Conduct a Query](#)

QUERY SUMMARY



Queries Conducted
In the past 12 months ⓘ



Queries Pending ⓘ



Query Balance ⓘ



Transaction History

Purchase Date	Purchased By	Plan Purchased	Status
12/6/2019 11:26 AM	Sample-Employer@example.com	5 Query Plan	Paid (Receipt)

CLEARINGHOUSE

Conduct Query – Select Query Type

Driver Information > Query Type > Conduct Query

Query Type

WHICH TYPE OF QUERY DO YOU NEED TO CONDUCT?

LIMITED QUERY Results will determine if an individual driver's Clearinghouse record has any information about resolved or unresolved drug and alcohol program violations. General consent from the driver is required (obtained outside the Clearinghouse).
 I certify that I have obtained the driver's general consent to conduct limited queries in the Clearinghouse and that this limited query falls within the timeframe specified by that general consent.

FULL QUERY Results will include detailed information about any drug and alcohol program violations in a driver's Clearinghouse record, including the driver's eligibility to perform safety-sensitive functions such as operating a CMV. Electronic consent is required.

Previous Next Cancel

Driver Information > Query Type > Conduct Query

Query Type

WHICH TYPE OF QUERY DO YOU NEED TO CONDUCT?

LIMITED QUERY Results will determine if an individual driver's Clearinghouse record has any information about resolved or unresolved drug and alcohol program violations. General consent from the driver is required (obtained outside the Clearinghouse).

FULL QUERY Results will include detailed information about any drug and alcohol program violations in a driver's Clearinghouse record, including the driver's eligibility to perform safety-sensitive functions such as operating a CMV. Electronic consent is required.
Is this full query being conducted as part of a pre-employment screening?
 Yes No

Previous Next Cancel

A sample limited consent form is available in the Clearinghouse Learning Center.

CLEARINGHOUSE

Conduct Query – Limited Query

- Click **Conduct Query** to proceed with the limited query
 - One query will be deducted from the employer’s Query Balance

Driver Information > Query Type > **Conduct Query**

Conduct Query

This limited query will determine if this driver’s Clearinghouse record has any information about resolved or unresolved drug and alcohol program violations. It will not release any specific violation information contained in the driver’s Clearinghouse record.

Click “Conduct Query” below to proceed. One query will be deducted from your Query Balance.

[Previous](#) [Conduct Query](#) [Cancel](#)

CLEARINGHOUSE

Query Results – Limited Query

Query Complete



Result: Driver Not Prohibited

No violation information was found in the Clearinghouse for the driver you queried.

The driver is not prohibited from performing safety-sensitive functions based on the information available in the Clearinghouse.

[View My Queries](#)

[Conduct Another Query](#)

Query Complete



Result: Record(s) Found; Full Query Needed

Information related to resolved or unresolved drug and alcohol program violations has been found in the Clearinghouse record of the driver you queried.

To receive detailed information contained in the queried driver's Clearinghouse record, you must conduct a full query. You must request and receive the driver's electronic consent before the full query may be completed.

If the full query is not conducted within 24 hours, the driver must be removed from safety-sensitive functions.

[Send Consent Request](#)

[Conduct Another Query](#)

“Record(s) Found” is not a notification that a queried driver is prohibited from performing safety-sensitive functions. The full query is needed to determine the driver’s eligibility status.

CLEARINGHOUSE

Conduct Query – Send Consent Request (Full Query)

▪ Full Query

Must obtain electronic consent, then log into Clearinghouse to view results

Driver Information > Query Type > Request Consent

Request Driver Consent

Before FMCSA can release to you detailed information from the driver's Clearinghouse record, you must obtain the driver's electronic consent in the Clearinghouse.

To obtain the driver's electronic consent, click "Send Consent Request" below.

One query will be deducted from your Query Balance once the consent request has been sent. If the driver refuses his or her consent, your Query Balance will be credited.

Previous

Send Consent Request

Cancel

Consent Requested



The consent request has been sent.

You will receive a notification email once the driver has responded to the consent request.

You can check the status of the consent request on your Queries page.

Note: The driver must be registered in the Clearinghouse to respond to this consent request.

If this driver is not registered in the Clearinghouse, he or she will receive a letter via United States Postal Service (allow 1-2 weeks for delivery) advising him or her to register in the Clearinghouse to respond to this consent request.

To avoid delays, encourage the driver to register in the Clearinghouse and respond to this request.

Conduct Another Query

1
8

Employer Query Results – Full Query

John Smith (US-MA-1234567)

Sample-Employer

Result: Prohibited | Status: Completed (1/9/2020 3:32:24 PM)

Conducted By: Sample-Employer@example.com | Query Type: LimitedToFull

Driver Information

Name: John Smith

Date of Birth: 5/3/1990

CDL/CLP: US-MA-1234567

Consent Info

Requested: 1/9/2020 15:30:00

Recorded: 1/9/2020 15:32:24

Status: Provided

[View Query Details](#)

Query Detail

Query Overview

John Smith (US-MA-1234567)

Sample-Employer

Result: Prohibited | Status: Completed (1/9/2020 3:32:24 PM)

Conducted By: Sample-Employer@example.com | Query Type: LimitedToFull | Source: Website

Driver Information

Name: John Smith
Date of Birth: 5/3/1990
CDL/CLP: US-MA-1234567

Consent Information

Requested: 1/9/2020 15:30:00
Recorded: 1/9/2020 15:32:24
Status: Provided

Query History

Created: 1/9/2020 15:29:35

Open Violations

Driver Information

John Smith

DOB: 5/3/1990 | CDL/CLP#: 1234567
Country: United States | State: Massachusetts

Violation Information

Test ID: 987654321
Type of Violation: Concentration of 0.04% or greater
Test Date: 1/7/2020
Reason for Test: Random

Test Results Entered By

Sample-CTPA (1/8/2020 3:27:13 PM)

Driver's View of Violation Information

Violation History

📅 Reported On: 11/26/2019 11:25:24 PM Test Reason: Rea
Reported By: MC of Boston (1)

Actual knowledge of a drug violation

RTD Process Details

Test Details

If you believe information has been inaccurately reported, you can file

A drug or alcohol violation will remain in the Clearinghouse until the v
determination, whichever is later. The Clearinghouse does not contain

Violation Detail

Return to Duty (RTD) Status

Status:

SAP Request Sent: 12/4/2019
SAP Designated: 12/4/2019
Initial SAP Assessment: 12/4/2019
Determined Eligible for RTD Testing: Not Completed
RTD Test with Negative Result: Not Completed
Follow-Up Testing Plan: Not Completed

Driver Information

John Smith

DOB: 2/11/1984 CDL/CLP#: 345345435345
State: Massachusetts Country: United States

Violation Information

Type of Violation: Alcohol test refusal
Reason for Test: Post-accident
Type of Test: Refusal: Fail to appear for any test
Remarks / Additional Information:

Test Results Entered By

MC of Boston (1)

Notice to Appear

Driver Notified: 11/22/2019 8:00:00 PM
Testing Site Location: 123 Main St, Boston, MA 02446, US
Date and Time to Appear: 11/22/2019 8:00:00 PM

- [User_Stories_Violation_Reporting.docx](#)
Document Type: Email Message Description: 23432435

Driver Employment Status

Separation due to: Resigned

Documentation

- [Violation-Reporting-MROV2.docx](#)
Document Type: Other Description: 23423432434

Frequently Asked Questions

- **Can employers or their designated C/TPA(s) query multiple drivers at one time in the Clearinghouse?**
 - Yes, employers or their designated C/TPA(s) will be able to conduct bulk queries via a tab separated values (TSV) spreadsheet.
 - Data fields include the driver's:
 - First and last name
 - Date of birth
 - CDL number
 - State of issuance
 - Country of issuance
 - Query type

SUBMIT A BULK UPLOAD

For those who need to conduct multiple queries at once, a bulk upload option is available. Follow the steps below.

1. Download and complete the bulk upload template file.
2. Click "Browse" below and select the completed template file.
3. Click "Upload File." You will confirm your submission once the file has been verified.

Bulk Query File (maximum size 500kb) Description (optional)

No file chosen

Recording Violation Data - Employers and Designated C/TPAs

Driver Info > Violation Info > Review & Submit

Review and Submit the Violation

Submitting this violation will generate a notification to the driver. If you make an error you will be able to correct it later, but entering the correction information now will avoid unnecessary confusion and additional reporting.

Driver Information

Once a drive'r CDL/CLP information is verified, it cannot be edited. If the driver information was entered in error, delete this violation and enter a new one.

Todd Miller
DOB: 6/17/1963 | CDL/CLP#: 246810
State: Colorado | Country: United States

Violation Information

Type of Violation: Refusal to test - alcohol violation
Test Date: 12/2/2019
Reason for Test: Random
Type of Test Refusal: Fail to remain at testing site
Remarks / Additional Information:

I certify that the violation information that I am reporting to the Clearinghouse is accurate and complete. I understand that reporting false, inaccurate, or misleading information to the Clearinghouse may subject me to civil and/or criminal penalties in accordance with applicable law, including 49 USC 521. I further understand that I am participating in a covered transaction and that reporting false information may subject me to government-wide suspension or debarment under 2 C.F.R. Part 180.

[Previous](#) [Submit Violation](#) [Cancel](#)

Questions and Answers

Employer Requirements



Employee Requirements

Employees have two options depending on employer policy

OPTION 1: All current employees register and give electronic consent

OPTION 2: Current employees sign paper consent and employer keeps in file

Employee Requirements

FMCSA does not require that motor carrier employers subject to the Agency's drug and alcohol use and testing regulations in 49 CFR Part 382 use this sample format to obtain an employee's consent to conduct a limited query of the Drug and Alcohol Clearinghouse. Employers may, however, use or adapt the content as they see fit.

Sample Format: General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, (Driver Name), hereby provide consent to (Company Name) to conduct a limited query of | the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. *[Employers and employees may also wish to include the terms of the consent. For example, is the driver consenting to a single limited query or multiple limited queries? If the driver consents to multiple limited queries, will those queries be conducted over a fixed period of time or for the duration of employment? Is the number of limited queries specific or unlimited? The scope of this consent would be determined by the employer and the employee.]*

I understand that if the limited query conducted by (Company Name) indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to (Company Name) without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for (Company Name) to conduct a limited query of the Clearinghouse, (Company Name) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

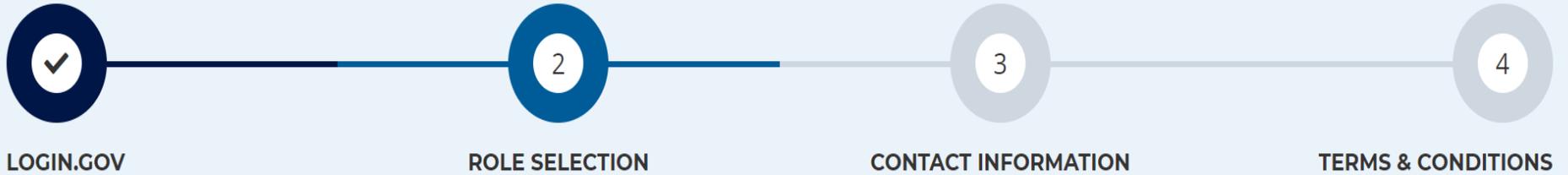
Employee Signature

Date

Needs to have an expiration date. Recommendation: For the length of employment with school district/agency.

Employee Requirements

registration.



2. Select Your Role

Use the menu below to select the type of user account you will need in the Clearinghouse.

 <input type="radio"/> Employer	 <input type="radio"/> Driver	 <input type="radio"/> Consortium/Third-Party Administrator (C/TPA)	 <input type="radio"/> Medical Review Officer (MRO)	 <input type="radio"/> Substance Abuse Professional (SAP)
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Employee Requirements



3. Contact Information

Enter your contact information below. All fields are required unless otherwise noted.

Name/Phone/Email

First Name

Middle Name (Optional)

Last Name

Phone Number Type

Alternate Phone Number (Optional) Type

Email Address (Login.gov Username)

Address (Physical)

Street City

Country State ZIP Code

Address (Mailing)

Same as Physical Address

Preferred Contact Method

- Email**
Receive instant notifications when your information is updated in the Clearinghouse. Selecting this option will help you avoid unnecessary delays in responding to time-sensitive requests.
- U.S. Mail**
Letters will be sent via the United States Postal Service 3-4 business days after your information has been updated. Please allow two weeks for delivery.

Employee Requirements

The screenshot shows a web browser window with the URL `clearinghouse.fmcsa.dot.gov/Register/CDL`. At the top, a progress bar indicates five steps: 1. LOGIN.GOV, 2. ROLE SELECTION, 3. CONTACT INFORMATION, 4. CDL (current step), and 5. TERMS & CONDITIONS. The current step, "4. Commercial Driver's License Information", includes the following instructions and form fields:

Enter your **current** commercial driver's license (CDL) information below. This information will be verified against your information in the Commercial Driver's License Information System (CDLIS) ⓘ.

First Name

Last Name

Country

State

CDL Number

Date of Birth

Navigation buttons: [Previous](#) [Verify](#) [Cancel](#)

Footer: U.S. DEPARTMENT OF TRANSPORTATION | [Contact Us](#) | [Privacy Policy](#)

Employee Requirements

The screenshot shows a web browser window with the URL `clearinghouse.fmcsa.dot.gov/Register/CDL`. The page header includes the "DRUG & ALCOHOL CLEARINGHOUSE" logo and navigation links for "Learn", "About", and "Contact". A progress indicator shows five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL, and TERMS & CONDITIONS. The CDL step is currently active, indicated by a blue circle with the number 4. A success message is displayed: "Success! We have verified your CDL information." Below this, a section titled "4. Commercial Driver's License Information" contains instructions to enter current CDL information, which will be verified against the Commercial Driver's License Information System (CDLIS). The form fields for "First Name" and "Last Name" are visible at the bottom.

Applications x Drug & Alcohol Clearinghouse - x +

clearinghouse.fmcsa.dot.gov/Register/CDL

DRUG & ALCOHOL CLEARINGHOUSE

Learn About Contact

Do you need help? Download step-by-step instructions for driver registration.
¿Necesita ayuda? Descargue las instrucciones para el registro de conductores.

LOGIN.GOV ROLE SELECTION CONTACT INFORMATION CDL TERMS & CONDITIONS

Success!
We have verified your CDL information.

4. Commercial Driver's License Information

Enter your **current** commercial driver's license (CDL) information below. This information will be verified against your information in the Commercial Driver's License Information System (CDLIS).

First Name Last Name

Employee Requirements



5. Terms and Conditions

FMCSA IT Rules of Behavior

As a user of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse, I understand that I am personally responsible for the use and any misuse of my system account and password. I also understand that by accessing a U.S. Government information system, I must comply with the following requirements:

1. The Drug and Alcohol Clearinghouse is authorized for official use only.
2. The Drug and Alcohol Clearinghouse may not be used (i) for a purpose that violates any Federal law; (ii) for mass mailings of personal messages/statements; (iii) for commercial purposes, financial gain, or to support "for profit" non-Government activities; or (iv) to engage in any DOT or FMCSA-discrediting activities (e.g., gambling; viewing of adult content). "FMCSA-discrediting activities" also include seeking, transmitting, collecting, or storing defamatory, discriminatory, obscene, harassing, or intimidating messages or materials.
3. FMCSA reserves the right to monitor the activity of any machine connected to its infrastructure.
4. Drug and Alcohol Clearinghouse is the property of the Federal Government and FMCSA owns the data stored in this system.
5. Non-public Information that was obtained via the Drug and Alcohol Clearinghouse may not be divulged outside of authorized channels without the express permission of the owner of that information.
6. Any activity that violates Federal laws for information protection (e.g., hacking, spamming) is prohibited.
7. Users must lock the computer if they are away from the desk and use a password-protected screensaver to automatically lock the computer.
8. Drug and Alcohol Clearinghouse accounts are linked to your login.gov profile solely for the use of the individual for whom they were created. Your login.gov passwords or any other authentication mechanisms **must never** be shared or stored in **printed form** in any place accessible. If stored **digitally**, a password must not be stored in a clear-text or a readable format. You may store your login.gov "just in case" information in printed or digital form.
9. The Drug and Alcohol Clearinghouse uses login.gov to authenticate you. Login.gov has password format requirements and a password expiration policy that must be followed. Login.gov passwords do not expire because login.gov uses multi-factor authentication. Multi-factor authentication expires every 30 days. See <https://www.login.gov/help/changing-settings/turn-off-two-factor-authentication/> for more information.
10. Any security problems or password compromises must be reported immediately to the FMCSA Information System Security Manager at FMCSASecurity@dot.gov.
11. Users must protect all confidential/sensitive and privacy information from disclosure.
12. Hard copies of confidential/sensitive and privacy information must be shredded and destroyed.
13. I agree to accept any written communication from FMCSA relating to my participation on Drug and Alcohol Clearinghouse by electronic mail at the email address(es) I provide to FMCSA. Such electronic communication shall be complete upon its transmission by FMCSA.
14. I understand that Federal law provides for punishment under Title 18 of the U.S. Code, including a fine and up to 10 years in prison for the first offense for anyone who:
 1. Intentionally accesses a Government information system without authorization, or exceeds authorized access, and obtains information that requires protection against unauthorized disclosure.
 2. Intentionally accesses a Government information system without authorization, or exceeds authorized access, and impacts the Government's operation, including availability of that system.
 3. Intentionally accesses a Government information system without authorization, or exceeds authorized access, and alters, damages, or destroys information therein.
 4. Intentionally accesses a Government information system without authorization, or exceeds authorized access, and obtains anything of value.
 5. Prevents authorized use of a Government information system.
15. Users must only use Sensitive Personally Identifiable Information (SPII) on encrypted laptops, mobile devices, and storage media devices. SPII is a subset of PII which if lost, compromised or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. (e.g., DoB, SSN, and Driver's License).

Employee Requirements

16. Users of FMCSA IT systems using non-FMCSA furnished equipment to access FMCSA IT systems must install and maintain antivirus and anti-spyware tools on said equipment.

Drug and Alcohol Clearinghouse Terms of Use

I am capable and willing to comply with the requirements under of 49 CFR 382 Subpart G, Requirements and Procedures for Implementation of the Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse).

I agree to accept any written communication from FMCSA relating to the Clearinghouse by electronic mail at the email address(es) I provide to FMCSA or by physical letters sent via United States Postal Service, including any notice of proposed removal from the Clearinghouse and any information addressing my obligations as an authorized user of the Clearinghouse. Such communication shall be considered complete upon its transmission by FMCSA.

I understand that by utilizing the Clearinghouse, I am participating in covered transactions and am required to comply with the suspension and debarment regulations at 2 C.F.R. part 180 and that I am required to comply with the regulations at 49 CFR part 382. I certify that I will comply with the information use and disclosure requirements set forth in 49 C.F.R. part 382. I agree that I will not access information in the Clearinghouse without authorization; share, distribute, publish, or otherwise release information unless specifically authorized by law; and I will not report inaccurate or misleading information to the Clearinghouse. I understand that by submitting information to the Clearinghouse I am participating in covered transactions and that submitting false or misleading statements may subject me to administrative, civil, or criminal penalties, including prosecution under 18 U.S.C. § 1001 or government-wide suspension and debarment under 2 C.F.R. part 180. I understand that failure to comply with the Clearinghouse Rules of Behavior and Terms of Use may result in revocation of my Clearinghouse registration under 49 C.F.R. § 382.713.

I accept the FMCSA Privacy Policy (see <https://www.transportation.gov/dot-website-privacy-policy>).

I affirm that all the information provided is true and accept all of the terms above.

Previous

I Agree

Cancel

Questions and Answers

Employee Requirements



ELDT (Entry Level Driver Training)

What is ELDT?

- FMCSA (Federal Motor Carrier Safety Administration implemented the Entry Level Driver Training)
- Federal mandate of a required training to obtain your CDL or upgrade existing CDL or adding endorsements.
- Effective February 7, 2022.
- Requires drivers to obtain classroom instruction, behind the wheel training, and range training instruction.
- Drivers that obtained their permit prior to February 7, 2022, are NOT subject to the new training requirements.

ELDT (Entry Level Driver Training)

What is ELDT?

- Requires drivers to obtain:
 - classroom instruction
 - No required amount of time
 - Must score at 80% on final exam
 - No set number of questions
 - 193 topics listed that must be covered
 - Trainer must have 2 years of experience in field and hold same license
 - Range instruction and Behind The Wheel training
 - No required amount of time of training
 - Trainer must have 2 years of experience in field and hold same license

ELDT (Entry Level Driver Training)

What is ELDT?

- Can obtain this training from private vendor offering trainings that meet ELDT requirements.
 - Drivers will still be required to complete PreService Program and the minimum of 12 hours OBI instruction.

ELDT (Entry Level Driver Training)

- Currently PreService ESC/JVS are registered as TPR (theory instruction)
 - PreService will register your district/company as TPR (range and BTW).
 - Districts/employers will submit new form to PreService team that training is complete for ELDT requirements.
 - Anyone obtaining a CDL permit or upgrading CDL or endorsements will be required to complete ELDT process before being able to schedule skills test for license.

Ohio Preservice ELDT Training Certification per §308.717

Complete the following information and email this form to: schoolbus@staff.allencountyesc.org

Please Print

Driver Trainee's Legal Name: _____ Driver's Date of Birth: ____/____/____

Driver's License Number: _____ State of Licensure: _____

CDL Class: B Endorsements: P & S School District/Employer: _____

Type of Training: BTW-Public Road, Clock Hours: _____ BTW-Range, Clock Hours: _____

Training Location: _____ Date Training Completed: ____/____/____

OBI Signature: _____ Date: _____

- I certify that I will comply with all U.S Department of Transportation regulations in parts 40, §382, §383, and §391, as well Ohio and/or local laws, related to alcohol and controlled substances testing, age, medical certification, licensing, and driving record checks as required in §380.707(a).

Driver's Name: _____ Date: _____

Driver's Signature: _____

- I certify that I am a certified behind-the-wheel instructor as defined in §380.605.

OBI Name: _____ Date: _____

OBI Signature: _____

- I certify that the above named OBI is authorized on behalf of (name of school district or employer)

To conduct behind-the-wheel training for the trainee listed above. All training documents related to this trainee will be on file at the bus owner's facility for a period not less than 6 years.

Name of Administrator: _____ Date: _____

Transportation Administrator's Signature: _____

A copy of the Trainee's driver's license is attached to this form per §380.707(a).

A copy of the OBI's driver's license is attached to this form per §380.725(b) (3).

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Contact the Department

schoolbus@education.ohio.gov

614-466-4230





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